

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G471		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 09/09/2011	
NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 3031 E KESSLER INDIANAPOLIS, IN46220			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 09/09/11</p> <p>Facility Number: 000985 Provider Number: 15G471 AIM Number: 100244650</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Life Safety Code survey, REM - Indiana, Inc. was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This one story building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, sleeping rooms and in all living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey.</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0130	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.0.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/12/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 smoke barrier doors held open by devices arranged to automatically close would self close once the fire alarm system is activated. LSC 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Home Manager during a tour of the facility from 12:30 p.m. to 12:55 p.m. on 09/09/11, the north smoke barrier door which is held open by magnetic hold open devices</p>			K0130	<p>US Automatic Sprinkler Company went to the group home on 9/27/11 to evaluate the report that the north smoke barrier door did not self close when the fire alarm system was activated. The system was repaired and tested to ensure the door self-closed when the system was activated. The Home Manager will be retrained on the need to ensure that any issues with the fire alarm system are reported to the Program Director, Area Director and/or the Maintenance staff or supervisor as soon as a problem is noted to ensure timely repairs. Ongoing the Home Manager and/or Program Director will complete weekly walkthroughs of the home that include checking the fire alarm system to ensure it is functioning properly. If any</p>		10/09/2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	arranged to automatically close when the fire alarm system was activated, did not self close at 12:49 p.m. The magnetic hold device did not release the door upon activation of the fire alarm system. Based on interview at the time of observation, the Home Manager acknowledged the north smoke barrier door did not self close when the fire alarm system was activated.				issues are noted, they will be reported to the maintenance staff, maintenance supervisor and/or the Area Director so repairs can be scheduled as soon as possible. Responsible Party: Home Manager, Program Director		